Vermont State Hospital Futures Project

Proposed Development of a Secure Residential Recovery Program

January, 2009

Overview

In 2004, the Legislature and the administration set in motion a strategic planning process to create a comprehensive plan for the delivery of services currently provided by Vermont State Hospital within the context of long-range planning for a comprehensive continuum of mental health care. This plan was titled the "Futures Plan".

VSH serves multiple functions: acute inpatient care, long term rehabilitation services, secure forensic evaluation, and secure treatment. Replacing the Vermont State Hospital requires creating a range of successor programs to provide these functions.

The core of the plan is proposed new investments in the essential community capacities, and reconfiguring the existing 54-bed inpatient capacity at the Vermont State Hospital into a new system of inpatient, rehabilitation, and residential services for adults. This plan is consistent with Vermont's long history of establishing strong community support systems and reducing our reliance on institutional care. The fundamental goal is to support recovery for Vermonters with mental illnesses in the least restrictive and most integrated settings that promote recovery.

Planning for Long Term Recovery Services

The development of the community residential recovery program in Williamstown Vermont called Second Spring has reduced the average daily census at Vermont State Hospital by nearly ten beds and provided a voluntary community alternative to VSH care. A second, smaller community recovery residence is also proposed to be located in Brattleboro and operated by a partnership between Health Care and Rehabilitative Services of Southeastern Vermont and Retreat HealthCare, Inc. Continued analysis of the number of beds needed to replace VSH in addition to the experience of operating enhanced community residential recovery programs has confirmed an ongoing need for a non-hospital program that is locked and secure with an intensive treatment focus. The consultants commissioned by the General Assembly in 2007 to review the Futures planning (and to suggest any additional options) also endorsed the need for such a program.

Proposed Secure Residential Recovery (SRR) Program

The proposed facility would be a newly constructed 15-bed, involuntary, secure (locked) residential recovery facility located on the grounds of the State Office Complex in

Waterbury. The program could be run by the state, licensed as a residential program, and employ qualified members of the current VSH state workforce.

Who this program would serve

Residents of the facility would include those people who remain at VSH due to a high risk of self-harm, or neglect, or pose a danger to others. They do not require inpatient acute psychiatric services, but their care needs exceed local community resources. Some of these individuals are suicidal with a high risk of self harm. Other individuals manifest a high incidence of aggressive behaviors and are dangerous to others. *It should be noted that violent behavior in and of itself is not a sufficient criterion for admission to the proposed secure residential facility in Waterbury. Persons in acute psychotic crises (who might be assaultive) would be admitted directly to an acute inpatient unit of a general medical hospital* Another, smaller, group includes those who are no longer clinically severely symptomatic, but who must remain in a secure environment for prolonged periods of time awaiting resolution of a judicial process.

The program would serve approximately 15 individuals who are currently in the Vermont State Hospital. The anticipated length of stay could be approximately 3 months to 2 years or more.

Programming and Services

Program characteristics include the capacity to maintain a safe, secure environment regardless of the level of risk. The environment of care would permit separation of sub-groups so that all are safe and individuals with a history of abusive treatment by others are not further traumatized by contact with individuals prone to aggressive, assaultive behavior. Program interventions would focus on connecting with the resident using positive behavioral supports designed to facilitate the individual's growth in skills needed for return to the community.

Estimated capital cost

The estimated construction cost of this project (new construction single floor, private bath option) would be approximately $12.9 million. The total capital cost with debt service spread over 20 years is estimated to be approximately $18.5 million for Option 3 (the new construction option). The capital costs for this project will be born by the State of Vermont in the Capital Bill. The costs to complete planning and, if a CON is granted, for developing construction-level documents are proposed by the administration in the upcoming year's capital budget ($500,000). The costs for construction, estimated to take fourteen to eighteen months, will be proposed in the FY 2011 and FY 2012 capital bills pending CON approval.

Estimated operating cost and source of revenue

The projected average annual operating costs would be approximately $5.2 million If the current operation at VSH were down-sized commensurate with the new capacity created at the SRR, then resources could be re-deployed from VSH to support the operations of the new program. The core issue is downsizing VSH in sufficiently large increments to free up the required resources. A possible scenario is that the timing the proposed Rutland Regional Medical Center expansion and this proposed 15-bed secure residential recovery program converge such that VSH could be downsized to a licensed bed capacity of 16. In this configuration, the 16-bed VSH, the 15-bed Secure Residential Recovery, and the 12-bed expansion at RRMC could all use Medicaid reimbursement. The current VSH allocation, combined with federal participation, would support the operations of all three programs into the future.

Legislative Action and Next Steps

The FY 2010 Capital Bill proposal contains planning resources sufficient to bring this proposed project through Certificate of Need Review and, if a CON is granted, through permitting and the development of construction documents. The construction costs would be supported in the FY 2011 and 2012 Capital budgets. Allowing fourteen to eighteen months for construction could have the program open in early 2012.

Background of the Option Review Process for Secure Residential Program

During the summer and fall of 2008 BGS consultants, Architecture +, performed comparative order of magnitude architectural analyses and cost estimates of three physical site options:

- the new construction option
- two potential renovations of the Brooks Building
- renovation of Dale Building

BGS and its consultants reviewed the architectural criteria for each site and its conformity with the desired program of space required to support treatment, and then developed construction cost estimates.

DMH convened a task group composed of VSH and DMH staff and a consumer representative to review initial ideas about treatment planning, space and staffing requirements. These assumptions were fed into the architectural and operational planning and cost estimate analyses.

DMH/AHS consultants, Pacific Health Policy Group (PHPG) provided operating cost estimates using most likely assumptions about FFP for revenues that would be generated by each option.

During this process additional input was sought from consumers, advocacy groups and other stakeholders. The site options and construction cost estimates were further reviewed with legislators and advocates in August and November.

Key points about each site option

Dale Renovation estimate = $14.9 M

- Requires estimated $500,000 additional operating cost annually due to two floor program[1]
- Assumes construction begins Spring 2010 (planning, legislative support, CON process)

Brooks Renovation (B1 & B2) estimate = $18.1 M

- Requires remaining 16 bed inpatient program to be re-located (undetermined location)
- Requires estimated $500,000 additional operating cost annually due to two floor program

[1] Note: Staffing projections are preliminary but are based on historical experience of staff required to maintain safe environment and promote program planning for long term care patients at VSH. It is expected that staffing requirements will be further refined as treatment program modeling achieves greater refinement.

- Assumes mid-point of construction would be 2017 (due to need to re-locate inpatient service)
- Assumes co-location of residential (15 beds) and inpatient program (16 beds) in the Brooks building.

Brooks Renovation (BG&1) shared bath estimates = $11.7 M

- Assumes co-location of residential (15 beds) and inpatient program (16 beds) in the Brooks building; programs share the Treatment Mall.
- $500,000 additional operating costs annually due to two floor program
- More difficult to claim Medicaid reimbursement for both inpatient and residential (co-location and shared resources increase IMD risk)

New Construction (private bath) estimate = $12.9 M

- Assumes construction begins Spring 2010 (planning, legislative support, CON process)

New Construction (shared bath) estimate = $12.1 M

- Assumes construction begins Spring 2010 (planning, legislative support, CON process)

Results

Based on the analysis the preferred option, though, not the least expensive, is Option 3 (new construction with single bed and bath). The new construction with single bed and bath offers:

- Architectural design that has higher level of conformity with desired program of space
- Lower operating cost estimate for single floor than for two floor renovation design
- Better environment to implement treatment programs
    - offers more spatial options to address complexity of treatment issues of program residents
    - differential level of resident functioning, severity of their illness and low numbers of residents with differing conditions that require differential treatment programming require maximum flexibility of environmental space:
        - small unit clusters to permit grouping of residents according to treatment needs
        - capability to create appropriate residential setting for both men and women
        - adequate space for teaching life skills, conducting treatment programs and providing education and training, while
        - creating a home-like welcoming environment that supports recovery
    - facility design that promotes patient and staff safety